



**City
of
Milwaukee**

LOBBYIST TERMINATION FORM

OFFICE OF THE CITY CLERK LICENSE DIVISION

200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202

(414) 286-2238

E-MAIL ADDRESS: LICENSE@MILWAUKEE.GOV

www.milwaukee.gov/lobby

Regulations located in Chapter 305 of the Milwaukee Code of Ordinances.

_____ (Lobbyist Name)

has been terminated as a lobbyist for

_____ (Principal Name)

I certify that the above lobbyist's engagement or employment for the above principal has been terminated. I further certify that I am authorized to sign this document on behalf of the principal.*

Signature: _____

Date: _____ **Phone Number:** _____

The termination is effective upon receipt of this signed form by the City Clerk License Division. Please submit in person or by mail. No faxed or copied forms will be accepted.

***Only the original signature of those individuals listed as authorized to sign documents on behalf of the principal will be accepted.**

Office Use Only:

Initials: _____ Transaction #: _____ Date & Time Stamp: